

Case Number:	CM15-0202804		
Date Assigned:	10/20/2015	Date of Injury:	07/12/2007
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48-year-old female with a date of industrial injury 7-12-2007. The medical records indicated the injured worker (IW) was treated for L4-5 fusion and revision decompression (2013); status post left L4-5 discectomy (2011); and L5-S1 disc desiccation. The 5-12-15 notes stated the IW reported low back and left leg pain and difficulty with day-to-day activities. She had difficulty walking. Her motion was restricted and painful, with guarding, and spasms were present. In the progress notes (8-31-15), the IW reported some improvement in her activity tolerance since attending physical therapy. On examination (8-31-15 notes), there was tenderness in the posterior lumbar region and range of motion was "75% of normal", which was improved from 50% on 7-23-15. She still had difficulty changing positions. Treatments included trigger point injections, epidural injections (no benefit), physical therapy (with benefit), Norco and Zanaflex. The records did not clearly indicate how many sessions of physical therapy were attended. The lumbar MRI on 4-23-15 showed post-surgical changes at L4-5, a left foraminal disc protrusion at L5-S1 resulting in abutment of the left L5 exiting nerve root and mild multilevel facet arthropathy. The IW was temporarily totally disabled. A Request for Authorization was received for additional physical therapy twice weekly for four weeks for the low back. The Utilization Review on 9-30-15 non-certified the request for additional physical therapy twice weekly for four weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week for 4 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Review indicates the patient continuing to treat for this chronic 2007 injury with diagnosis of L4-5 TLIF & revision decompression on 3/14/13, s/p left L4-5 discectomy on 9/22/11; L5-S1 disc desiccation; and right partial-thickness supraspinatus tear. The patient has received approximately 26 PT visits in 2014 with recent request for 12 therapy visits for deconditioning authorized in July 2015. Reports from the provider on 5/4/15 and 9/28/15 showed unchanged symptom complaints along with unchanged clinical findings of tenderness, limited lumbar range and spasm with the patient remaining TTD status. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2007 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 4 weeks for the low back is not medically necessary and appropriate.